

SERFF Tracking Number: LBLI-126147961 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
 Company Tracking Number:
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: New AR Annuity Application
 Project Name/Number: /

Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: New AR Annuity Application SERFF Tr Num: LBLI-126147961 State: Arkansas
 TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 42329
 Variable Closed
 Sub-TOI: A02I.003 Single Premium Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Chad Leiding Disposition Date: 05/14/2009
 Date Submitted: 05/11/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/14/2009 Explanation for Other Group Market Type:
 State Status Changed: 05/14/2009
 Deemer Date: Created By: Chad Leiding
 Submitted By: Chad Leiding Corresponding Filing Tracking Number:
 Filing Description:
 App-1008-NAIC
 SPIA-APP 0509-AR

Enclosed are new annuity applications for your review and approval. These applications are compliant with the NAIC Replacement Model requirements your state has recently passed.

Application App-1008-NAIC will be used with all previously approved single premium and flexible premium deferred annuity products approved in your state.

SERFF Tracking Number: LBLI-126147961 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
 Company Tracking Number:
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: New AR Annuity Application
 Project Name/Number: /

Application SPIA-APP 0509-AR will be used for our single premium immediate annuity already approved in your state.

Company and Contact

Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com
 1800 Valley View Lane 469-522-4332 [Phone]
 Suite 300 469-522-4380 [FAX]
 Dallas, TX 75234

Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma
 1800 Valley View Lane Group Code: 3436 Company Type: LAH
 Suite 300 Group Name: State ID Number:
 Dallas, TX 75234 FEIN Number: 25-1093227
 (469) 522-4332 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: OK charges \$25 application.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Bankers Life Insurance Company	\$50.00	05/11/2009	27778117

SERFF Tracking Number: LBLI-126147961 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: New AR Annuity Application
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/14/2009	05/14/2009

SERFF Tracking Number: LBLI-126147961 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: New AR Annuity Application
Project Name/Number: /

Disposition

Disposition Date: 05/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LBLI-126147961 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
 Company Tracking Number:
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: New AR Annuity Application
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annuity Application		Yes
Form	SPIA Annuity Application		Yes

SERFF Tracking Number: LBLI-126147961 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
 Company Tracking Number:
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: New AR Annuity Application
 Project Name/Number: /

Form Schedule

Lead Form Number: App-1008-NAIC

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	App-1008-NAIC	Application/ Annuity Enrollment Form	Initial		49.600	App-1008 NAIC.pdf
	SPIA-APP 0509-AR	Application/ SPIA Annuity Enrollment Application Form	Initial		45.800	SPIA-APP-0509-AR.pdf



1. Annuitant (Print Full Name, Single Life Only):

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security / TID Number _____

Date of Birth (Month-Day-Year) _____ Sex _____

2. Owner (If Other Than Annuitant):

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security / TID Number _____

Date of Birth (Month-Day-Year) _____ Sex _____

3. Plan Applied For (Please Check One):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Bankers 1 | <input type="checkbox"/> Bankers 3 | <input type="checkbox"/> Bankers 5 | <input type="checkbox"/> Bankers 7 |
| <input type="checkbox"/> Bankers Premier | <input type="checkbox"/> Bankers Premier Plus | <input type="checkbox"/> Liberty USA 100 | <input type="checkbox"/> Liberty USA 500 |
| <input type="checkbox"/> Liberty Choice | <input type="checkbox"/> Liberty Select | <input type="checkbox"/> Other: _____ | |

4. Primary Beneficiary:

Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
------------	--------------------	------------------------------------	-----------

Contingent Beneficiary:

Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
------------	--------------------	------------------------------------	-----------

Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
------------	--------------------	------------------------------------	-----------

5. Tax Qualification Status:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> SEP: Tax Year _____ | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Non-Qualified |
| <input type="checkbox"/> IRA: Tax Year _____ | <input type="checkbox"/> Other: _____ | |

6. Premium Information

Cash with Application: \$ _____	Non-Qualified §1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-Going Premiums Anticipated for Flex Policy: \$ _____	Qualified Rollover / Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rollover / Transfer Premium Anticipated: \$ _____	

7. Interest Income Choices:

- Leave interest to accumulate (No income tax due until withdrawn), or
 - Nominal interest paid monthly (Minimum monthly check is \$100)
- Withhold income tax (10%): Yes No

8. Special Remarks / Requests: _____

9. For Home Office Endorsement Only: _____

10. Replacement:

Does the annuitant have any existing life insurance or annuity contracts in force? Yes No

If Yes, complete and forward any replacement forms as required in the state of application.

Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? Yes No

11. Application Completed At:

City _____ State _____

This day _____ of month _____, year _____

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the persons signing this application. It is agreed that such statements shall form the basis of an Annuity issued by Liberty Bankers Life Insurance Company and that such Annuity together with this application shall constitute the entire contract between LBL and the person signing this application. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act which is a crime and which may subject such person to criminal and civil penalties. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

X _____

Signature of Owner

12. MVA Disclosure:

If I am applying for a Market Value Adjusted fixed annuity, I understand that withdrawals from this policy may be subject to a market value adjustment in addition to any applicable surrender charges.

X _____

Signature of Owner

13. To Be Completed By Agent:

Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force? Yes No

If Yes, I presented and read the applicant a notice regarding the replacement.

Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? Yes No

Agent Name (Please Print)

LBL Agent Number

Signature of Agent

State License Number if Required

10. Special Remarks / Requests:

11. For Home Office Endorsement Only:

12. Replacement:

Does the applicant have existing life insurance or annuity contracts in force? Yes No
If Yes, complete and forward any replacement forms as required in the state of application.
Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? Yes No

13. Application Completed At:

City _____ State _____
This _____ day of _____, 20_____.

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the persons signing this application. It is agreed that such statements shall form the basis of an Annuity issued by Liberty Bankers Life Insurance Company and that such Annuity together with this application shall constitute the entire contract between LBL and the person signing this application. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime.

X _____
Signature of Owner

X _____
Signature of Joint Owner (if any)

To Be Completed By Agent:

Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force? Yes No
If "Yes", I presented and read the applicant a notice regarding replacement.
Do you have knowledge or reason to believe that replacement of existing insurance or annuity policies may be involved? Yes No

Agent Name (Please Print) _____ LBL Agent Number _____

Signature of Agent _____ State License Number if Required _____

SERFF Tracking Number: LBLI-126147961 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 42329
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: New AR Annuity Application
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR CERTIFICIATION #2.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: N/A for this filing

Comments:

CERTIFICATION

Company Name: Liberty Bankers Life Insurance Company

I hereby certify that the forms included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



Chad Leiding
Vice President Compliance

5/11/09

Date